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Abstract 379

TITLE: Predictors of Risky Sexual Behavior for African-American Female Adolescents

Development Implications for HIV Prevention

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BACKGROUND/OBJECTIVES: This study will attempt to identify risk factors and resistance factors for risky sexual behavior in a highrisk group of inner city, African-American females. We will also examine whether predictors risky of behavior differ for younger adolescents and older adolescents.

METHOD: A total of 108 African-American females (ages 1219) who were receiving medical care in an adolescent primary care clinic of an innercity hospital in Atlanta, GA participated in this study. Participants were interviewed and administered a battery of questinnaires assessing demographic and medical factors; psychological adjustment; substance use; conduct problems; and social support. In addition, knowledge of HIV, risk perception, sexual seléfficacy and peer norms were also assessed. A weighted measure ofrisky sexual behaviors was created, which was based on a combination of self-report and medical chart data including number of sexual partners over past 60 days, frequency of condom use, and prior history of pregnancy and STDs.

RESULTS: The sample was divided into two groups by age: 50 younger adolescents (12l 5 years) and 58 older adolescents (161 9 years). Older adolescents engaged in significantly more risky sexual behaviors than younger adolescents (t =4.2, p<.001). Hierarchical multiple regression analyses were conducted separately for each age group. Risk factors (psychological distress, alcohol and drug use, conduct problems) were entered as the first block in the model and protective factors (social support, school attendance) were entered in a second block. For younger adolescents, the overall model was significant (F =5.17, p<.001) and accounted for 32% of the variance in risky sexual behavior. In addition, alcohol and drug use was shown to account for a significant portion of the variancein risky behaviors (t =3.27, p<.002). For older adolescents, the overall model was also significant and accounted for 21% of the variance in risky sexual behavior (F=2.58, p<.04). Alcohol and drug use (t =2.70, p<.01) and conduct problems (t=2.73, p<.01) both made significant independent contributions to the variance in risky behaviors. Social support and school attendance did not contribute unique variance in risky sexual behavior beyond these risk factors for either age group. Multiple regression analyss were also conducted for specific HIV indicants (HIV knowledge, sexual selfefficacy, peer norms, risk perception) as predictors of risky behavior; however, these factors did not account for significant variance in risky sexual behavior for either age goup.

CONCLUSIONS: Early identification and intervention with highrisk teens is crucial, given that risky sexual behavior increases greatly with age. Both older and younger teens who use drugs and alcohol are at particular risk for engagingin risky sexual behaviors and these teens should be targeted in health care settings for substance abuse and HIV prevention interventions.

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